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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/850,184
Filing Date	05/07/01
First Named Inventor	Buswell et al.
Group Art Unit	2131
Examiner Name	n/a
Attorney Docket Number	Wyse-006

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are:

Requested by client.

1. ☐ The correspondence address is NOT affected by this withdrawal.
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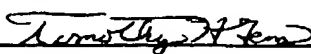
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☒ Firm or Individual Name Mr. James Eakin
Address 3150 Porter Drive
Address
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Telephone 650-813-5000 Fax

This request is enclosed in triplicate.

Name	Timothy H. Gens
Signature	
Date	02-28-02

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.